



**CT Community Providers Association**

Caring for Connecticut

**To: Members of the Human Services Committee**

**From: Morna Murray, President and CEO, CT Community Providers Association**

**Re: Human Services Committee Public Hearing on SB-251,  
An Act Concerning Programs Administered by the Department of Social Services**

**Date: March 4, 2014**

Good afternoon Senator Slossberg, Representative Abercrombie, and distinguished members of the Human Services Committee:

My name is Morna Murray and I am the President and CEO of the Connecticut Community Providers Association (CCPA). CCPA represents community-based organizations that provide health and human services for children, adults, and families in multiple areas, including mental health, substance use disorders, and developmental disabilities. Our members serve more than 500,000 people each year.

I am writing in support of Senate Bill 251, An Act Concerning Programs Administered by the Department of Social Services. SB 251 will provide easier access for individuals applying to receive public assistance and will help to ensure that documents are processed in a timely manner. Aside from the administrative improvements, it will greatly assist our members in providing regular, uninterrupted services to their clients; such consistency greatly increases the chances for positive outcomes for these clients.

The clients our members serve are, for the most part, Medicaid-eligible or enrolled. Our members do everything they can to assist in enrollment or redetermination issues, but there are little to no resources for this and their focus remains, as it must, on actual treatment. Administrative delays and mixups with ongoing Medicaid eligibility interfere with our members' ability to care for their clients who more often than not have multiple and complex needs. We appreciate very much the efforts that the Department of Social Services is making to resolve administrative issues involving the Medicaid expansion. And the fact remains the expansion is a very positive step, for the well being of vulnerable individuals and our state economy, to get more low income individuals into regular care, and receive higher federal reimbursements for that care. That said, our members are already stretched to the breaking point simply providing care and assisting clients to remain engaged and compliant with treatment.

Individuals receiving or applying for public assistance through DSS have recently experienced significant challenges in interactions with DSS. As has been heard from multiple sources, Individuals are experiencing multiple hours of wait time when calling into the DSS Client Information Line & Benefits Center. Application materials are being submitted and subsequently lost. We know DSS is directing resources to correcting this. But perhaps most troubling, individuals' benefits are being terminated even if they are eligible and have submitted all the necessary documentation. Currently, an individual is not continued on Medicaid after their annual renewal date unless a DSS employee has affirmatively reviewed the completed

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redetermination form submitted by the individual and determined that he or she is still eligible. In too many cases, someone who has timely submitted all the necessary documentation for redetermination, and who is still eligible based on the documentation submitted, is nevertheless terminated at their renewal date because DSS has not been able to review the timely documentation and process same in order to maintain an individual's ongoing eligibility. The resulting interruptions in care are costly on multiple levels to our consumers and have unintended, negative and even downwardly spiraling consequences. While unintended, the ultimate consequences can be devastating for vulnerable consumers as well as our members' efforts to keep them engaged in ongoing care and treatment.

SB 251 will assist DSS in moving toward everyone's goal, a more responsive model of service. However, this bill should go one step further and require a change in the default action for Medicaid redeterminations. The system should be re-programmed to continue Medicaid eligibility for anyone who has submitted his or her Medicaid redetermination forms within the required deadline period, until such time as DSS affirmatively reviews the form and determines the question of continued eligibility of the individual. This action will allow eligible state citizens to retain benefits while DSS continues to address the administrative issues of ensuring a timely review of eligibility documentation prior to a consumer's renewal date, in an expanded Medicaid population.

Thank you for your time and consideration. I would be happy to answer any questions you may have or provide any additional information. Please feel free to contact me at 860-257-7909 or [mmurray@ccpa-inc.org](mailto:mmurray@ccpa-inc.org).